

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

097889610

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		2		/	
6	/		3		/	
7	/		2		/	
8	/		2		/	
9	/		0		/	
10	2		0		/	
11	0		0		/	
12	0		/		/	
13	4		/		/	
14	1		2		/	
15	7		3		/	
16	0		0		/	
17	0		/		/	
18	0		/		/	
19	/		/		/	
20	/		/		/	
21	/		/		/	
22	/		/		/	
23	/		/		/	
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26	/		/		/	
27	/		/		/	
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/		/	
34	/		/		/	
35	/		/		/	
36	/		5		/	
37	/		0		/	
38	/					
39	/					
40	/					
41	/					
42	/					
43	7					
44	0					
45						
46						
47						
48						
49						
50						
TOTAL IND.				8		
TOTAL DEP.				99		
TOTAL CLAIMS				37		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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58						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS